NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, P. P.O. Box 19928 Alexandria, Virginia Telephone: (703) 836-7 Customer Number: Commissioner for Pater P.O. Box 1450 Alexandria, VA 22313 Sir:	22320 -6400 2787 25944	NO	NF		Attomey Do OP PATEN AL APPLIC RULE §1	Date T APPL CATION	: October 2	:	(22389, U.S. PTO 10/693523
Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application									
For (Title): SUPERIOR-LIMB ARTERIOSTENOSIS EVALUATING APPARATUS									
By (Inventors):	Tsuneo NAKAGAWA								
Formal drawings (Figs. 1-5; 5 sheets) are attached. Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to COLIN CORPORATION. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2002-334318 filed November 18, 2002 in JAPAN is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE SMALL ENTITY SMALL ENTITY									
FOR:	NO. FILED	NO. EXTRA		RATE	FEE	<u>OR</u>	RATE		FEE
BASIC FEE		2 (A.2.6)		15.22	\$ 385	<u>OR</u>		\$	770
TOTAL CLAIMS	6 - 20	= 0		x 9=	.\$	<u>OR</u>	x 18	\$	
INDEP CLAIMS	2 - 3	= 0		x 43 =	\$	<u>OR</u>	x 86	\$	
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				+ 145 =	\$	<u>OR</u>	+ 290	\$	
* If the difference is less than zero, enter "0". TOTAL \$ 385 OR TOTAL \$ Check No. 147712 in the amount of \$385 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.									

Respectfully/submitted,

James A. Oliff Registration No. 27,075

Joel S. Armstrong Registration No. 36,430